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# Family Planning: An Assessment\*

## Malthus, Bentham and Place

**T**HOMAS MALTHUS HAS been described as the unwitting founder of the birth control movement in Britain. I think he would have regarded this as a disgrace rather than a distinction. Although the thesis of his *Essay* published in 1796 was that population increases faster than food production, the only remedies he proposed were either complete celibacy or late marriage. These are, indeed, methods of controlling births and are probably responsible for the present low birth rate in Ireland, but they are certainly not included in what we call birth control methods to-day.

Actually, Jeremy Bentham, in 1797, advocated a sponge method of birth control in order to reduce the poor rate. But the man who did really start the fire was Francis Place, a self-taught workman who became a friend of Thomas Wakley, a medical reformer who founded, and for many years edited, the *Lancet*. In 1822, Place wrote and distributed handbills which gave definite contraceptive information. These had considerable circulation in London and in the industrial districts of the North and, owing to the discussion they aroused, they were reprinted in several radical journals. Place naturally encountered considerable hostility and was described as the "master spring that moves the whole infernal machine".

Public interest in this subject seems to have waned in the 1830s. Perhaps the passage of the Reform Bill and the new Poor Law Bill absorbed the energies of the radicals. The social ferment inspired by the French Revolution and economic difficulties following the Napoleonic wars died down, clamour for social reform waned and interest in birth control declined. But there were isolated incidents. In 1868 Lord John Russell's

son, Lord Amberley, was greatly criticized for taking part in a meeting on "over-population and public health" and in 1854 Dr. George Drysdale wrote *The Elements of Science* in which he spoke of sex education, was critical of the institution of marriage and warmly advocated the principles of Malthusianism. The book went into thirty-five editions (up to 1904) and was translated into ten European languages.

## Bradlaugh, Besant and the Malthusian League

The event that really launched the ships was the Bradlaugh-Besant trial of 1877-8. Charles Bradlaugh and Mrs. Besant reprinted Dr. Charles Knowlton's pamphlet on birth control called *The Fruits of Philosophy*, and took a copy to the Guildhall with a notice to say when and where they would be selling it next day. They also informed the police, and in due course they were arrested and brought before the Lord Chief Justice on an indictment which accused them

Of unlawfully and wickedly devising, contriving and intending, as much as in them lay, to vitiate and corrupt the morals as well as youth as of divers other subjects of the Queen and to invite and encourage the said subjects to indecent, obscene, unnatural and immoral practices, and bring them to a state of wickedness, lewdness and debauchery.

Both defendants were found guilty but, on appeal, the verdict was set aside because of a fault in the indictment. It was after this trial and the publicity which followed, and propaganda by the Malthusian League which was set up in 1878, that the birth rate in Great Britain, then standing at 35 per thousand, began to fall, and it went on falling until it reached its lowest peace-time level of 14.9 in 1933. To-day it is 17.1 and has risen every year over the last seven years.

In a *Report on the Declining Birth Rate*, written in 1914, Ethel Elderton, Galton Fellow of the University of London, found that the decline

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was associated with increasing discussion and dissemination of means to prevent conception or destroy its fruits and with further restrictions on the economic exploitation of children. The reduction in the economic value of the child was certainly a big factor—with the passing of the Factory and Education Acts, a child could no longer pay its own way and became an economic liability rather than an asset. Ethel Elderton pointed out that, in the world we live in, a small family *can* be better fed, clothed and educated than a large one.

Even at that time there were confident persons who adjured the great British people to have more children for the sake of the Empire. On this Ethel Elderton comments

Before an honest man devotes himself to the rearing of a large family the members of which, as far as he can see, will all be destined to the same weary round of toil and the same limited opportunities he himself endured, he must be informed precisely what economic measures will be undertaken to secure the liberties of the coming race and must receive some guarantees that they will be put into operation.

One very significant figure in this Report is the comparison between what had happened to the birth rates in the richest and the poorest of the London boroughs. In Shoreditch the birth rate in 1881 was 31.2 per thousand, in 1911 it was 30.16. In Hampstead it was 30.01 in 1881, very little lower than in Shoreditch, but in 1911 it had fallen to 17.5.

After the Bradlaugh-Besant trial, few attempts were made to suppress *bona fide* birth control propaganda, but there was the case of Dr. Henry Allbutt. He was a Leeds physician and an F.R.C.P. of Edinburgh and, fired apparently by the best of motives, he published about 1885, a *Wife's Handbook*, a decent, popular medical treatise, price 6d. It dealt with pre-natal care, the management of a baby, etc., and had a chapter on "how to prevent conception when advised by the doctor". He gave particulars of some birth control methods and wrote that "when a woman is advised by her doctor not to conceive on account of the state of her health, she had better consult him as to which of these methods of prevention would be best in her particular case". One would have thought that Dr. Allbutt had been sufficiently discreet—at least as far as his

own profession was concerned—but not so. The Secretary of the Leeds Vigilance Association protested to medical societies; Edinburgh passed the buck to the General Medical Council who found him guilty of "having published and publicly caused to be sold a work entitled the *Wife's Handbook* at so low a price as to bring the work within the reach of the youth of both sexes to the detriment of public morals". The Council found that, secondly, the offence was infamous conduct in a professional respect. Whether this was because Dr. Allbutt had given, in his book, the name of Rendells, and also of the retailer of a Mensinga pessary, or whether because he had written a popular medical treatise, is not clear, but he was duly struck off the register.

### The First Birth Control Congress

Just a few years before this episode, in 1881, there was what must have been the very first International Medical Congress on Birth Control in London. It was arranged by the medical branch of the Malthusian League and Dr. C. V. Drysdale was in the Chair. Thirty to forty practitioners attended.

### Marie Stopes

The next big step forward was the arrival on the scene of that dynamic woman, Marie Stopes. For some forty years the members of the Malthusian League had worked steadily and quietly, without fireworks or excitement. They were rational, serious and devoted—Marie Stopes was a passionate pioneer. Fired by her own unhappy marriage, by a powerful urge to help women to achieve sexual fulfilment in their married lives (for which limitation of pregnancy would be a *sine qua non*) and by that great American pioneer Margaret Sanger, Marie Stopes sailed into battle with all guns firing and flags flying. She founded the first birth control clinic in England, in March 1921.

### Birth Control Clinics and Committees

The Malthusian League opened a clinic in Walworth in November of the same year. During the next few years five societies were formed—Dr. Stopes's Constructive Birth Control Society, the Society for the Provision of Birth Control Clinics, with headquarters at Walworth, the Workers' Birth

Control Group, in which Mrs. Dora Russell and Mrs. Frida Laski were active, the Birth Control International Information Centre (Mrs. Gerda Guy and Mrs. How Martyn) and the Birth Control Investigation Committee. The last was started in 1926 on the initiative of Mrs. Spring Rice and, later, with the co-operation of Dr. C. P. Blacker and the support of the Eugenics Society, to investigate methods of birth control in use and to conduct research into new ones. The Committee was very fortunate to have as its first Honorary Secretary, the Hon. Mrs. (now the Hon. Lady) Farrer. Its Chairman was Sir Humphry Rolleston and it included such distinguished persons as Lord Adrian, Lord Brain, Sir Alexander Carr-Saunders, Sir Julian Huxley, Sir Arthur Ellis, Professor Lancelot Hogben and Professor F. H. A. Marshall. It financed work at Oxford by Dr. John Baker and Dr. Carleton with which Sir Howard Flory was also connected and which resulted in the production of VOLPAR.

It will not have escaped your notice that this group of eleven men (eight of whom are happily still alive) includes one holder of the Order of Merit, two Nobel Prize winners, two Presidents of the Royal Society, one President of the Royal College of Physicians, two Regius Professors of Medicine, two Heads of Oxford and Cambridge Colleges and four other Fellows of the Royal Society.

This, perhaps, was the first sign that support of birth control might lead to success and preferment.

**The Start of the Family Planning Association** 1930 was the next year of outstanding significance. In April a conference on the giving of information on birth control by public health authorities was held at Central Hall, Westminster. It was attended by representatives from Authorities as well as by delegates of many voluntary organizations, and it passed a resolution calling upon the Minister of Health "to recognize the desirability of making available medical information on methods of birth control to married women who need it". In June the Minister issued Memorandum 153 MCW which gave permissive authority for the provision of contraceptive advice to certain classes of married women for whom further pregnancy would be

detrimental to health. And in the following month the National Birth Control Council, now the Family Planning Association, was founded to co-ordinate and centralize the work of the five organizations which were all represented on the Executive Committee of which Lady Denman was Chairman. The first Executive was very impressive, for it included Dr. C. P. Blacker, Mrs. Mary Stocks, Mrs. Eva Hubback, Mrs. Hugh Dalton and Mrs. Spring Rice; the office and staff were not so grand. They consisted of one room and one staff—myself.

We decided that our immediate task was to encourage Local Health Authorities to implement the Minister's Memorandum and, as a first step, we issued a leaflet and sent it round to all Local Health Authorities. This led to a brush with the Ministry. Mrs. Hubback and I were summoned to an interview at which our leaflet was severely criticized and finally the official who was scolding us asked why we had presumed to explain what the Memorandum meant, as indeed we had, and Mrs. Hubback replied with innocent candour "But of course we had to explain it, it is so absurdly written no one could possibly understand it". The official's pince-nez flashed, the young man sitting at his elbow hurriedly buried his head in his papers and it was borne in on me, though not, I think, on Mrs. Hubback, that we were talking to the author himself. Perhaps it is not surprising that we had to re-write our leaflet.

When the Family Planning Association (under the name of the National Birth Control Council) started there were less than twenty clinics in the whole country. After the Memorandum was issued it was hoped that Local Health Authorities would meet the need, but it soon became evident that this hope would remain unfulfilled. Although the health provision *could* be sympathetically interpreted, it could also be used in the narrowest possible sense. Councils were timid and even hostile. A suggested compromise came from Dr. A. T. Nankivell, Medical Officer of Health of Plymouth. I went to see him about implementing the Memorandum and he put a proposal to me—he would lend us the premises of one of his Maternity and Child Welfare Centres and we would run a clinic. We could also have the help of one of the doctors on his

staff who was keen to do this work. So we formed a branch of the F.P.A. in Plymouth, Lady Astor gave us £100, the Ministry of Health saw no objection, and the pattern of the whole future development of the F.P.A. was set. Today, seven out of every eight F.P.A. Clinics are held on the premises of a Local Health Authority or Hospital, and of these 184 Local Authorities and Hospital Boards give grants, or *per capita* payments for patients referred; 118 Local Health Authorities have clinics of their own.

### Further Progress

Progress to the outbreak of war was steady. More clinics were opened, conferences (both medical and lay) were organized, evidence was given to Royal Commissions, medical schools were urged to give training facilities and money raising efforts were organized. The most exciting of these was a Gala Ballet in 1936 for which Sir Malcolm Sargent wrote a special ballet and Dame Ninette de Valois and Dame Marie Rambert produced special items.

In 1938 the office, which had now grown in size, moved to 69 Eccleston Square where the Eugenics Society most generously lent three office rooms. Most branches managed to keep open during the war and in 1943 the Branch Conference and Annual General Meeting were revived. The same year an *ad hoc* subfertility committee was set up under the chairmanship of Mr. Aleck Bourne and a seminological centre was established under the direction of Dr. H. A. Davidson. At this centre, one of the first of its kind in the country, over 30,000 patients have been seen.

In recent years the growth of the Association has been rapid. It bought a house in Sloane Street but has already outgrown this and is moving shortly to larger offices in Tottenham Court Road, which will be able to house all its thirty-seven staff. It has 383 clinics run by 302 branches and, last year, nearly 300,000 people visited these clinics. The large majority come for contraceptive advice, but there are also those who have been unable to have children and others who want medical help for sex difficulties in marriage. Apart from medical officers and nurses, the clinics are run mainly by voluntary workers.

For organizational purposes branches are grouped into eleven Federations which appoint representatives to the National Executive Committee and there are also thirteen area organizers. At Central Office there are several sub-committees, both medical and lay, and there is a Medical Advisory Council composed of leading members of the profession under the Chairmanship of Lord Brain, which guides the Association in its medical ways. In addition, there are the Oliver Bird Trust and the Council for the Investigation of Fertility Control which are concerned with the question of research and clinical trials. Over the last few years these two bodies have been particularly concerned with the investigation and clinical trials of oral contraceptives. After preliminary trials and consideration of all the data, the Medical Advisory Council have approved the use of three oral pills as an alternative method of contraception in F.P.A. branch clinics which fulfil certain required conditions, including special training of the doctors. Criteria for selection of suitable patients are laid down and no one is advised unless her general practitioner has been informed and his consent asked.

Although, over the last thirty years, many improvements have been made in manufactured contraceptives, it is notable that oral contraception is the only method of contraception used to-day that was not in existence in 1900.

Among other activities of the F.P.A. are a Pregnancy Diagnosis Centre, the publication of an Approved List of manufactured goods which have passed standard tests devised by the Association, a literature and mail order department, and its own quarterly journal, *Family Planning*.

Three years ago the F.P.A. set up a Working Party under the Chairmanship of Professor François Lafitte

to review the aims and objects of the constitution, organization and services of the Association, to consider how these might be brought further into line with present requirements and to make recommendations to the Executive Committee.

Last year the Working Party produced the first part of its Report in the form of a Survey. Professional and salaried staffs in F.P.A. branch clinics include some 450 doctors, 600 nurses and 60 Red Cross or St. John's nurses as Assistants, and 190 part-time and 20 full-time administrative

workers. Besides these salaried staff, there are 3,000 voluntary workers who act as receptionists, interviewers, supplies clerks and packers.

On the prevalence of birth control practice in Britain, the Report uses Professor Glass's Marriage Survey which shows that, of couples who married in 1950 to 1960, 70 per cent practise contraception. In an article in the April 1963 issue of *Family Planning*, Professor Glass states that an estimate based upon the data collected by the 1959-60 sample survey of the Population Investigation Committee suggests that by the end of their child-bearing years, some 87 per cent of the couples married ten years ago may have used birth control. This assumption is more likely to under-state than over-state the probable total incidence.

On social classification, the population of the country is divided into 26.5 per cent non-manual, 48 per cent skilled manual and 25.5 per cent of other manual workers. New patients at F.P.A. clinics in November 1960 were 41.5 per cent non-manual, 47 per cent skilled manual and 11.5 per cent other manual. Thus, the non-manual were over-represented, the skilled manual were in about the right proportion, and the other-manual were considerably under-represented. The F.P.A. is therefore seeing, proportionately, far more middle and upper class and far fewer unskilled working class women than there are in the general population.

The most frequently used method is the sheath (35 per cent) then coitus interruptus (27.5 per cent) followed by a cap and the safe period (each 12.5 per cent).

As for use made of clinics, the Working Party calculated that probably 11 per cent (one in nine) of women under forty-five getting married, go to a clinic before they have been married a year.

North Kensington Clinic, which, under the chairmanship of Mrs. Spring Rice, was always noted for its enterprise had, among its first thousand patients between 1924 and 1929, 44.5 per cent who had had four or more children, 4.5 per cent who had had no children, and only 19 per cent who were under twenty-five years of age. In 1960, out of 2,300 new patients, only 5 per cent had four or more children, 64 per cent had had no children, and 60 per cent were under twenty-five. These figures may have not been

entirely representative because North Kensington is well known as giving special attention to pre-marital cases, but in the Metropolitan region as a whole, pre-marital cases formed 43 per cent of all new patients in 1960—curiously, there seem to be regional differences here for in Scotland this figure was only 24 per cent.

### The Change in Public Opinion

Accompanying or following practical achievement there has been an astonishing change in public opinion. The official view at the end of the last century, as expressed in the Bradlaugh-Besant indictment, the Allbutt case and letters in the medical press which wrote furiously of "beastly contrivances" and "filthy expedients for prevention of conception" seems to have changed little for the next fifty years. The Lambeth Conference of 1920 condemned the practice of birth control and the Ministry of Health refused all action. Marie Stopes was abused and attacked, and both she and the founders of Walworth were pelted with rotten eggs and windows of clinics were broken. The founders of Manchester clinic were described in the Press in 1926 as "over-dressed, well fed and badly bred" flaunting cigarettes between their painted lips and shoving birth control down the throats of the unwanted poor.

From 1930, when the Lambeth Conference of that year set the door very slightly ajar and the Ministry of Health circulated its cautious and guarded, but highly significant and important, Memorandum, opinion began to change. It was all very slow, however, and active opposition was replaced by what Lord Simon of Wythenshawe aptly described as a "conspiracy of silence" which is, of course, much more difficult to counter than vocal opposition. More than one of our clinics has opened with a flood of patients who had heard of it from meetings called to protest at its opening.

A most important event was the publication, in 1949, of the Report of the Royal Commission on Population. This Commission had been appointed by the Government in 1944 owing to fears then current of a fall in population. The F.P.A. gave both oral and written evidence to the Commission which said in its Report "Public policy should assume and seek to encourage the

spread of voluntary parenthood" (para. 434) and also "The giving of advice on contraception to married persons who want it should be accepted as a duty of the National Health Service and the existing restrictions on the giving of such advice by public authority clinics should be removed" (para. 66).

As regards the F.P.A. and public opinion, the real break-through came in 1955. Two or three of us met Mr. Iain Macleod, then Minister of Health, at luncheon and asked him if he would visit a clinic. He not only consented, but he also came to Headquarters, made us a charming speech on the occasion of our Silver Jubilee, and lunched with us. The result of that was interviews on television and sound radio, a leader in *The Times*, and tributes, both in the lay and medical Press, to the work of the F.P.A.

The Editor of one of the leading medical journals pointed out that

The History of the Family Planning Association as a voluntary organization follows the British pattern—the demonstration of a social or medical need followed by attempts to meet it, growing public favour and expansion of staff and premises leading to the national provision of services.

Since 1955 visits from Ministers, debates in the House of Lords, and television programmes, have become almost commonplace. According to *The Times* in 1959:

By general recognition of the majority of this country, the Family Planning Association has taken its place among the respectable and useful adjuncts of the social services.

The change of outlook of the different Churches has been marked. The Roman Catholic Church does not condemn birth control as such, only certain methods. The Anglican Church at Lambeth in 1958, said the use of family planning "is a right and important factor in Christian family life" and the major Free Churches have agreed substantially with this judgement. The Society of Friends, the Jewish Church and Hindu and Muslim leaders have also made favourable pronouncements.

### Growth of World Population

This country has been prominent in enthusiasm and support of international work for birth control which has leapt into prominence during the last few years because of what is popularly

known as "the population explosion". Owing to the spectacular drop in death rates all over the world due to the use of new drugs and insecticides in massive health programmes, the world rate of population growth has doubled since 1945 and is increasing steadily. It is reckoned that by the end of the century our present world population of 3,000 million will double.

In addition, there is the steadily increasing recognition that parents have a right and a duty to plan their families and that health, particularly maternal and child health, is greatly dependent on the practice of sound and sensible family planning. Also everywhere there is the problem of abortion, so sinister and so tragic. Finally, even to-day, from one-third to half the population of the world suffers from hunger and malnutrition.

According to a very recent report of the Food and Agriculture Organization of the United Nations, it is also reckoned that

Should the population grow according to U.N. forecast, the world's total food supplies would have to be doubled by 1980 and trebled by the turn of the century in order to provide a level of nutrition reasonably adequate to the needs of all the world's peoples.

The highest rate of population growth to-day is in Latin America, and it is unlikely that rapid progress will be made in that Continent. More than half the world's population lives in Asia and it is there that the present problem is felt most acutely. India, Pakistan, Ceylon, Singapore and other countries have family planning programmes. Japan has the most thorough and has achieved the most success. In ten years Japan has halved her birth rate, which is now little above this country's. This has been done to a considerable extent by the practice of abortion, but at the same time the Government has taken the most vigorous steps to encourage and teach contraception as a substitute for abortion. In the ten years from 1950 the percentage of contraceptive users has doubled. In three Japanese villages and one urban slum, some physicians gave information, discussed family problems sympathetically, gave out contraceptives and visited their patients regularly. Over a three-year period the birth rate in the villages dropped from 26.7 to 14.6 per thousand and in the slum from 53.9 to 16.5. These reductions were accomplished concur-

rently with a drop of about 70 per cent in the abortion rate in both areas. These figures show what *can* be achieved by propaganda and education in present methods of birth control.

In India, sterilization is being increasingly practised and encouraged, particularly for men.

It is very difficult to make any precise assessment of the effects of birth control programmes in under-developed countries. Apart from Japan there are few figures. In Puerto Rico the birth rate fell 20 per cent in ten years. In Singapore it fell every year from 1957 to 1961 from 42.7 to 35.5 per thousand. In Barbados births fell by over a thousand—(7,833 to 6,754) in 1960–61, and the number of new patients at clinics rose by 733. In Singur, in India, a decrease in the birth rate from 45.2 in 1956 to 37.6 in 1960 is ascribed to the introduction of an educational and clinical programme of family planning in the area.

The problems of introducing birth control programmes in the countries where they are most needed are obvious. They can only be solved by widespread education, the inclusion of adequate provision in maternal and child welfare services, the study of what methods are most acceptable to particular groups and, above all, by the discovery of simpler methods through further research.

The International Planned Parenthood Federation to which thirty-three countries belong increased its activities every year and hopes, in time, to enlist the support of the United Nations and its organizations. In December, 1962, the United Nations General Assembly adopted an amended resolution on population growth and economic development. But in the final form the key phrase "that the United Nations give technical assistance, as requested by Governments, for national projects and programmes dealing with the problems of population" was deleted. This clause had been passed by the Economic Committee where voting had been 43 for, 14 against and 42 abstentions. But in the General Assembly the necessary two-thirds majority was not obtained. Meanwhile, more countries join the I.P.P.F., the latest recruit being Egypt. Recent expansion of work has been made possible by very generous financial support from the U.S.A. which has devoted great energy to raising money for international work. The F.P.A. hopes to do

the same before long—names of millionaires will be gratefully received.

### **The Oneida Community**

The use of birth control has obvious relevance to the practice of eugenics. As far as I know, the only practical experiment has been the one by the Oneida Community, of which Robert Dickinson wrote

The Oneida Community experience is, as far as I can judge, the only long continued, deliberate, organized and consistent experiment in birth control by a group of intelligent people using a single method, combined with physical examination to check up the effects of health.

This colony was a communistic one of a voluntary type founded in Oneida, New York State. Members were bound together by religious doctrines known as Perfectionism, and they gave their leader, J. H. Noyes, or a committee, authority to arrange matings. For the first ten years, 1869–1879, piety was the chief basis of selection. Later, health and intelligence were taken into account. All methods of birth control except coitus reservatus were rejected and emphasis was placed on the full sexual satisfaction of the woman partner—remember, this was nearly fifty years ahead of Dr. Stopes.

The Community eventually foundered because as Noyes got older his leadership and magnetic personality were less effective, so that religious fervour waned. In addition, there was hostility from outside the community. Noyes left it and advised the Community to renounce "complex marriage" in deference to public opinion, which they agreed to do. The Colony had been financially successful for thirty-two years. On dissolution the members set up a Joint Stock Company (Oneida Ltd., manufacturers of Community silver plate), the assets were distributed among former members. Support for children was guaranteed up to the age of sixteen in proportion to the earnings of the Company and at sixteen each child was given \$200.

There are, unfortunately, few reports of the results of this interesting venture. Of the fifty eight births which took place between 1869 and 1879 there was only one death under one year old. In sixty years there were only twelve deaths. Kopf, statistician of the Life Insurance Company

said, in 1921, that there were two-thirds fewer deaths in the Oneida Community than if a typical rural experience of recent times had prevailed. It was claimed that four-fifths of the children were planned. Dr. Theodore Noyes, son of the Founder, after twenty-two years, contended that nervous diseases were far below the average for the country.

The danger of drawing conclusions from isolated experiments is well illustrated here, since the only possible conclusions to draw from these figures would be that coitus reservatus is a highly successful method of birth control, and that to breed for piety produces longevity.

### **Birth Control and Eugenics**

The connection between the Eugenics Society and the family planning movement, both in this country and internationally, has been a close one. Under the powerful impulse of Dr. Blacker the *Society* started both the Population Investigation Committee and the Birth Control Investigation Committee. It has provided free offices both for the F.P.A. and the I.P.P.F. and has also given them most generous and repeated financial help. This seems to me entirely right—not only because I have been at the receiving end of this generosity, but because the use that is made of birth control must be of primary importance to eugenics.

Differences of intelligence are inherited—and it is a fact that children who belong to small families do better in intelligence tests than the children of larger families. A possible explanation is that the less intelligent parents find it more difficult to practise birth control.

The first impact of birth control clinics was eugenic. Norman Himes gave figures of the occupations of nearly 3,000 husbands from nine of the first clinics showing a much higher proportion of unskilled and semi-skilled than in the general population. Of the whole population, 13 per cent were classified as unskilled, but 34 per cent of the clinics' patients fell into that category. As Himes said "the English clinics . . . have been influential in disseminating contraceptive advice to the lower social classes". The spread of birth control knowledge to these same lower social classes is again illustrated by the Shoreditch birth rate. You will remember this was virtually

stationary at 31 per thousand in the thirty years from 1881 to 1911—but in 1961 it was 16.

But, according to the findings of Professor Lafitte's Working Party, F.P.A. clinics do not now reach the parents who are probably most in need of their help. These are the families who are so often in trouble or difficulty of one sort or another. They not only suffer sadly themselves, but become a sore burden on every local authority and social agency with which they are concerned. Whatever the trouble may be, there is often one common factor—too many children. These people will not come to a clinic. Over the last few years the Eugenics Society has been financing an attempt by the F.P.A. to deal with this problem. In two large provincial towns (and shortly in London), close contact has been established with the local health authority which knows of families where there are already far too many children and where home conditions are terrible. There is a team of doctor, nurse and social worker. The parents are (with the consent of their own doctor) visited at home, taught the most suitable method of birth control, given free supplies and followed up. Results are encouraging, one most important point is that these patients apparently find no difficulty in using oral contraception and take to it readily. This sort of experiment is expensive and could not have been done without the help of the Eugenics Society. When enough data has been obtained, we hope to prove to local health authorities that such work would be well worth while financially. Children in care are very expensive. The cost of some of these problem families to the community must be enormous. If, in one year, even ten fewer children had to be taken into care the cost of the scheme would be covered.

One of the early cries against the birth controllers was that of race suicide. When the birth rate was going down in the nineteen-thirties, alarming calculations were made of the rapid dwindling of the population. It was taken for granted that the birth rate would continue to fall as knowledge of contraception spread. This proved to be a complete miscalculation. The acceptance of birth control is now almost universal in this country and the birth rate is considerably higher than it was. This is also true for the U.S.A. It is clear that knowledge and

practice of birth control does not, in itself, lower the birth rate. In fact, to some extent, the United Kingdom, and still more the U.S.A., have their own population problems—ours is not one of malnutrition, but of congestion. The amenities, if not the necessities, of life are going to be seriously affected if our birth rate goes on rising.

Family Planning has had a powerful effect on the place and status of women in our social life. Freed from perpetual baby producing and baby minding throughout their best years, they can earn money and so, at least, share the status of the breadwinner. They can also follow careers play their part in public work and social life. Family planning affords women the opportunity to emerge at last from their age-old inferiority.

The history of the birth control movement in this country is a success story, but what of the future?

There are allegedly 300 abortions every day in this country—Are we bringing that rate down?

One in nine newly-marrieds come to F.P.A. clinics—what happens to the other eight? Do they go to doctors? and what training have those doctors received? Hitherto, few teaching hospitals have done much—in how many medical schools is an attempt made to train students to

deal with the sex problems of their patients?

Ought we to press for all our work to be included in the National Health Service?

How should we tackle the problem of the Roman Catholic Church? Ought we to be more belligerent or should we concentrate on points of agreement and methods of persuasion?

The F.P.A. has concentrated on advising methods giving maximum safety—do these methods demand too much effort and sophistication? Would concentration on simpler methods increase or decrease the failure rate?

Despite all the television programmes, Press articles and broadcast discussion on sex and birth control which, even ten years ago would have been hair-raising in their audacity, one bride in thirteen is pregnant when she marries, and illegitimate births for 1960 totalled over 43,000. Although pre-marital intercourse is nothing new, our attitude towards it is. Young people to-day discuss it freely and many of them practise it. Who is helping them to make up their minds and who will give them birth control advice when they want it? Should we?

These questions confront us—I hope that we can meet them in a way which will justify our future as, I think, we have justified our past.